Washington State Department of Health
Board of Pharmacy
PO Box 1099
Olympia WA 98507-1099
(360) 236-4843

BOARD USE ONLY

☐ Non resident without CSA..... $365.00 registration.

☐ Non resident with CSA..... 445.00 registration.

All application fees are not refundable
License Cycle June 1 — May 30

Nonresident Pharmacy License Application

Please type or print in ink All blanks must be completed; if not applicable, enter N/A

This is for: ☐ New Location ☐ Change of Location ☐ Change of Ownership
☐ **Name Change Only ($15.00 Duplicate fee)**

Check all that apply

Type of Pharmacy: ☐ Community/Retail ☐ Hospital ☐ Long-term Care ☐ Parenteral
☐ Veterinary Drugs ☐ Mail-Order ☐ For Profit ☐ Non-profit
☐ Internet (web address) _____
☐ Other (explain) _____

Demographic Information

PHARMACY NAME			
PHARMACY LOCATION ADDRESS	CITY	STATE	ZIP CODE
PHARMACY MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
PHARMACY TELEPHONE NUMBER	PHARMACY TOLL-FREE TELEPHONE NUMBER	PHARMACY FAX NUMBER	
RESIDENT STATE LICENSE/REGISTRATION NUMBER (ATTACH COPY)	DEA NUMBER	DATE OF LAST RESIDENT STATE INSPECTION (ATTACH COPY)	
NAME AND ADDRESS OF CORPORATION/PARENT COMPANY, PARTNERSHIP OR PROPRIETOR	OTHER STATES OF LICENSURE		
STATE OF INCORPORATION	CORPORATE NUMBER	DATE OF CORPORATION	
CONTACT PERSON	TELEPHONE NUMBER	EMAIL ADDRESS	
PHARMACIST IN CHARGE	LICENSE NUMBER	DATE OF APPOINTMENT	

Ownership Information – attach additional sheets as needed

Type of Ownershi: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Government Owned
☐ Limited Liability Company

List Names, Addresses, and Titles of Corporate Officers, Partners, or Owners

NAME	ADDRESS	TITLE

Ownership or Location Change Information

PREVIOUS OWNER'S NAME & SIGNATURE		
PREVIOUS NAME OF PHARMACY	PREVIOUS/CURRENT WASHINGTON LICENSE # FM _____	EFFECTIVE DATE OF OWNERSHIP CHANGE
PREVIOUS ADDRESS		

Pharmacy Hours of Operation

MONDAY – FRIDAY	SATURDAY	SUNDAY	HOLIDAYS

List all Pharmacists – attach additional sheets if needed

NAME	ADDRESS	LICENSE NUMBER

Provide a written explanation of the method used to maintain readily retrievable records of sales of controlled substances, legend drugs and medical devices to individuals in the state of Washington.

Agent of Record in Washington for Service of Process (Cannot use the Secretary of State's Office)

NAME OF AGENT OF RECORD	ADDRESS	TELEPHONE NUMBER

Certification

I, _____, being first duly sworn upon oath, depose and say that the answers to the foregoing questions and statements made in the above application are true and correct.

_____ _____

Signature of Applicant Date

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Signature _____

For the State of _____ SEAL

Residing at _____

_____

My Commission Expires _____

Official Use Only

Washington State Records Center